

**INSTRUCTION: In your own handwriting, repeat the following information as instructed.**

NAME (First, middle, last)				STREET ADDRESS				CITY				STATE	
PLACE OF BIRTH			SOCIAL SECURITY NO.		DATE OF BIRTH		AGE	HEIGHT		WEIGHT		BUILD	
COLOR OF EYES		COLOR OF HAIR		RIGHT OR LEFT HANDED		PLACE OF EMPLOYMENT (or last employment)				OCCUPATION OR TRADE			
NAME OF NEAREST RELATIVE				RELATIONSHIP		ADDRESS							
Arthur Bob Charles						Don Edward Frank							
Ken Ivan MacMay						Nancy Olson Paul							
Vicki Winn Yancy						Lloyd T. CcGriff							
Larry Brown Gonzales						Wilson Earl Jones							
Route 6, Box 358, Apt. 842						4468 Boxer Circle Dr., N.W.							
16230 Cambridge Court						2736 East Place, S.W.							
A B C D E F G H I J K L M N O P Q R S													
T U V W X Y Z				James H. McQueen				George Henry Johnson					
4756 N. 49th Street				1928 North 300 Ave.				5819 E. South Terr., S.E.					
Abbot				succeed				effort					
gaggle				simmer				root					
array				essence				Battle					
SIGNATURE OF INDIVIDUAL PROVIDING SAMPLE								DATE					
WITNESSED BY				DATE WITNESSED		EXEMPLARS OF (print last name, first name, initial)							
CASE NUMBER						VA FIELD OFFICE							